

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 21 1943

Primary Registration District No. 6076

Registrar's No. 2069

1. PLACE OF DEATH:

(a) County **Saint Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Station Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Seven hours**
(Specify whether
In this community **Two months**
years, months or days)

3. (a) PRINT FULL NAME **GLOID A PARKER**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased **December 11 1912**
(Month) (Day) (Year)

8. AGE: Years **30** Months **9** Days **2** If less than one day
- - hr. - - min.

9. Birthplace **Vicksburg Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier (Pvt 1 cl)**

11. Industry or business **United States Army**

12. Name **Unknown**

13. Birthplace **Unknown**

14. Maiden name **Minnie Bell (Last name unknown)**

15. Birthplace **Unknown**

16. (a) Informant **Clinical & Service Records**

(b) Address **Sta. Hosp. Jefferson Bks. Mo.**

17. (a) **Reinforced** (b) Date thereof **9-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Battle Creek Mich**

18. (a) Signature of funeral director **James H Bopp Inc**

(b) Address **Kirkwood Mo**

19. (a) **SEP 15 1943** (b) **E. G. Mc Gowan**
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Michigan** (b) County **Wayne**
(c) City or town **Battle Creek**
(If outside city or town limits, write "RURAL")
(d) Street No. **372 Elm Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **Thirteenth**
year **1943** hour **3:00** minute **8** M.

21. I hereby certify that I attended the deceased from **September 12 43** to **September 13 19 43**
that I last saw him alive on **September 13 19 43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hematoma, Extra-Dural** Duration

Due to **Fracture, depressed, skull, left temporal squamous bone**

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **Confirmed above.**

22. If death was due to external causes, fill in the following: **Homicide, pending Police investigation**

(a) Accident, suicide, or homicide

(b) Date of occurrence **September 12, 1943**

(c) Where did injury occur? **St. Louis (None) Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Rooming House)

(Specify type of place)

While **William G. Bernhard** was in the **Altercation**

Signature **WILLIAM G. BERNHARD, M.D.** (M.D. or other) **MD**

Address **Sta Hosp, Jeff Bks, Mo.** Date signed **9-13-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John M. Meyer

Licensed Embalmer No.

3785

P. O. Address.

Turkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.